Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: 04/21/2016 IL6010102 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2155 WEST PIERCE WINSTON MANOR CNV & NURSING CHICAGO, IL 60622 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Final Observations Statement of Licensure Violations: 300.615e) 300.2820a)1)C) 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information (e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) These requirements were not met as evidenced Based on interview and record review, the facility failed to initiate criminal background checks within 24 hours of admission for two residents (R4 and R16) in the sample of 10 reviewed for admission background checks. Findings Include: Review of the facility resident admission background checks on site during annual survey indicate that R4 and R16's criminal background checks were not initiated within 24 hours of admission. Facility Face Sheet for R16 notes admission to the facility on 1/14/16. On 1/15/16 the Illinois State Police, Uniform Conviction Information Act Attachment A (UCIA) identified R16 with a "Hit." The outside fingerprinting agency was not contacted within the Statement of Licensure Violations 72 hour, three day requirement but was asked to come to the facility on 12/20/16, the date R16

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

05/12/16

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING 04/21/2016 IL6010102 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2155 WEST PIERCE WINSTON MANOR CNV & NURSING CHICAGO, IL 60622 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 was fingerprinted. R16's Illinois Department of Corrections (IDOC) inquiry was completed on 4/21/16 and for R16, the Sex Offenders website was initiated on 4/21/16. On 4/20/16 at 12:14pm Z2 (Corporate Office Bookkeeper) stated "I perform background checks for prospective admissions for the facility. I check Illinois Department of Corrections (ICOC) and Sex offenders websties within 24 hours of admission." Facility Policy and procedure for Identified offender states that the facility shall check the criminal history background of any resident seeking admission to the facility in order to identify previous criminal convictions. Under Identified offenders 2. states: Check residents name on the Department of Corrections search page and 4. Illinois sex offenders Information search page 5. states: request a live scan Uniform Conviction Information Act (UCIA) fingerprint check. d. The fingerprint-based background must be requested within 72 hours after receiving the name based background check and must be conducted within 5 business days after receiving the name based results. 300.2820a)1.)C) Section 300.2820 Codes and Standards a) Each facility shall comply with the applicable provisions of the following codes and standards. Any incorporation by reference in this Section of federal regulations or of any standards of a nationally recognized organization or association refers to the regulations and standards on the date specified and does not include any editions or amendments subsequent to the date specified. 1) State of Illinois rules C) Food Service Sanitation Code (77 III. Adm. Code 750), Department of Public Health

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
	IL6010102	B. WING		04/21/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
WINSTON MANOR CNV & NURSING 2155 WEST PIERCE CHICAGO, IL 60622				
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material that meets forth in the introduct used for cutting blo bowls, and baker's single-service articl stirrers, or ice crear a food-contact surfais prohibited, excep raw vegetables and (Source: Amended December 6, 2013). These requirements by: Based on observation to prohibit use of we for food storage material use. Findings include: On 4/18/16 during less Supervisor) observed including shell eggs crates. All three we soiled with dirt, grim On 4/19/16 surveyon 90 boxes some of word to pof the wooden son 4/19/16 at 2:15 questioned when the cleaned and E5 stated on 4/20/16 at 10:30 the wooden storage again. E5 stated the yendor who was goten.	ood valently non-absorbent the general requirements set story text of this article may be cks, cutting boards, salad tables. Wood may be used for es, such as chopsticks, m spoons. The use of wood as ace under other circumstances it for contact with raw fruits, I nuts in the shell. at 37 III. Reg. 20365, effective s were not met as evidenced on and interview facility failed bod as a food contact surface efferials that are absorbent, not sanitized under conditions of ditchen tour with E5 (Dietary the three wooden storage racks oor in the walk in cooler. The food stored on top of them of produce boxes and milk toden racks were heavily the and grease build up. The observed a food delivery of which were stored directly on			

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 04/21/2016 IL6010102 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2155 WEST PIERCE WINSTON MANOR CNV & NURSING CHICAGO, IL 60622 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 (B)

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